

Name

in
Full

Lottie J. Andrew

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

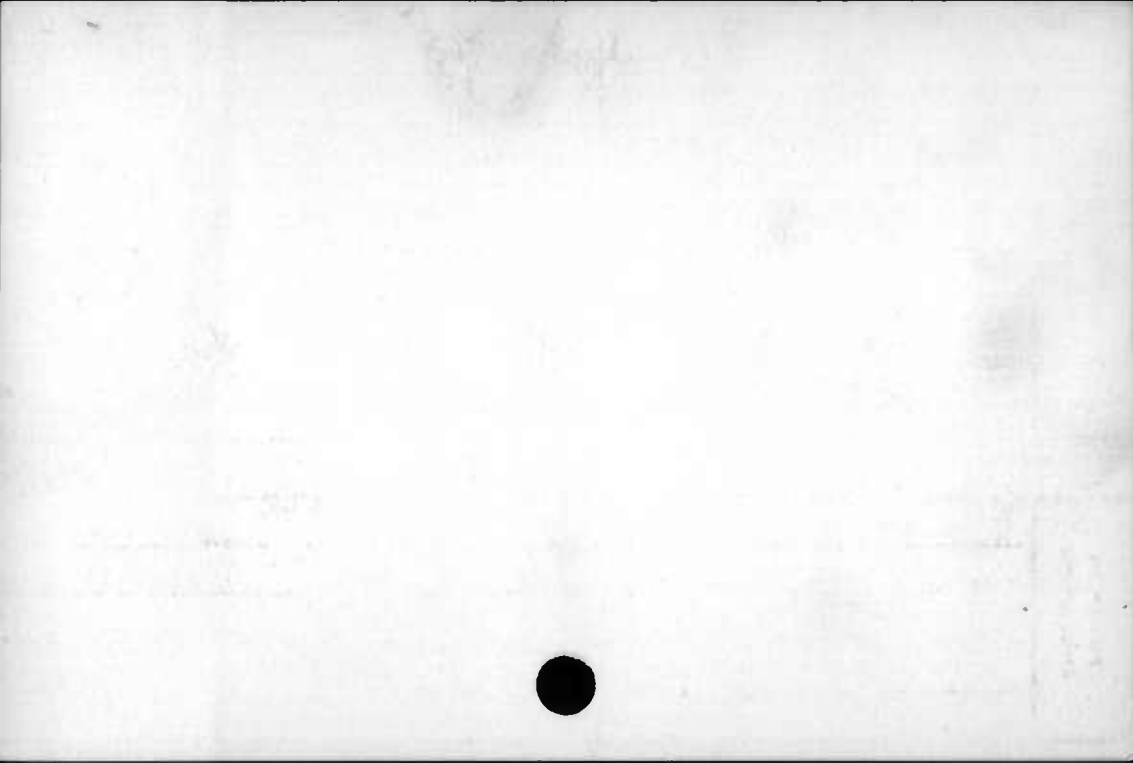
Died at		Town Easton		County Talbot Co		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1908		Aug.	11th	46.	4 mo	2	
Sex		Female		Color or Race		White	
Occupation		House Wife		Birth-place		Salun Ohio	
Where Residing if not at place of death		Easton Md					
Married, Single		Married		Name of Wife or Husband			
		Lottie J. Johnson Medford A					
Father's Name		Wm L. D. Johnson				Father's Birthplace	
						Ohio	
Mother's Maiden Name		Elizabeth Summer				Mother's Birthplace	
						Talbot Co	
Name of person giving information		Medford A Andrew				How related to deceased	
						Husband	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Tuberculosis Pulmonaris	How long	2 yrs.
Immediate	Exhaustion	How long	few weeks
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Chas. F. Dander	
Address		Easton Md	
Accident or Suicide?			



Name
in
Full

Oscar M. Bailey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Bozman ^{Town} Talbot ^{County} MARYLAND

Date of death 1908 ^{Month} Aug ^{Day} 22 ^{Years} 8 ^{Months} 10 ^{Days} 6

Sex Male ^{Color or Race} Colored ^{Birth-place} Talbot Co

Occupation Brz. ^{Where Residing if not at place of death} Same

Married, Single or Widowed Single ^{Name of Wife or Husband} _____

Father's Name Lawson Bailey ^{Father's Birthplace} Talbot Co.

Mother's Maiden Name Sarah J. Jostina ^{Mother's Birthplace} Talbot Co.

Name of person giving information _____ ^{How related to deceased} _____

CAUSES OF DEATH

9

PHYSICIAN
OR CORONER

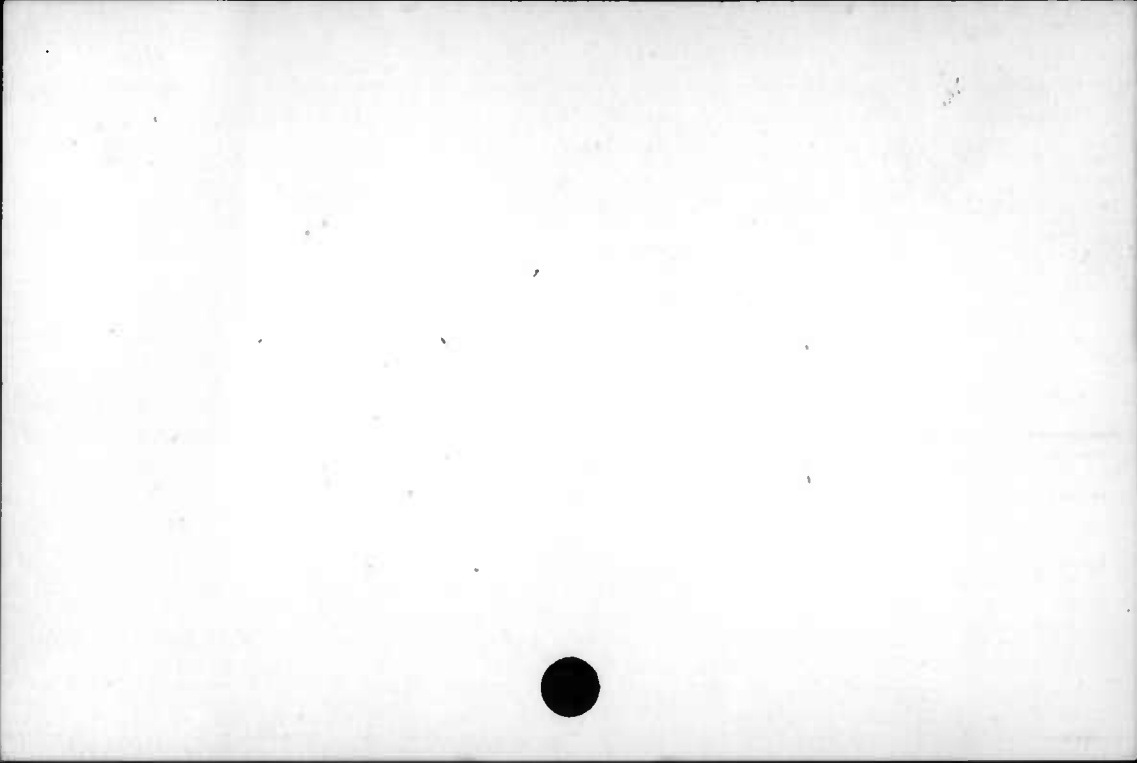
Primary Cholera ^{How long} 5 days

Immediate _____ ^{How long} _____

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Chas. B. Self ^{Address} St Michael

Accident or Suicide? No



Name in Full		Infant Child of Ida Bruce				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Easton		County Talbot		MARYLAND	
	Date of death	1908	Month Aug	Day 10	Age	Years	Months 1
	Sex	Male		Color or Race Black		Birth-place Easton	
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	Alonza Bailey				Father's Birthplace Talbot Co	
PHYSICIAN OR CORONER	Mother's Maiden Name	Ida Bruce				Mother's Birthplace Talbot Co.	
	Name of person giving information	Henrietta Butler				How related to deceased none	
	CAUSES OF DEATH						151
	Primary	Weakness				How long 24	
Immediate					How long		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician John B Fairbank					
		Address acting coroner Easton Md					
Accident or Suicide?							



Name
in
Full

Mary Grace Callahan

CERTIFICATE OF DEATH

Died at ^{Town} Tunis Mills ^{County} Talbot Co.,

MARYLAND

Date of death 1908 ^{Month} Aug. ^{Day} 14 ^{Years} 0 ^{Months} 7 ^{Days} 21

Sex Female Color or Race White Birth-place Tunis Mills

Occupation Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name Jos. Edw. Callahan Father's Birthplace Talbot Co.

Mother's Maiden Name Minnie C. Perkins Mother's Birthplace Baltimore

Name of person giving information Florence C. Callahan How related to deceased sister.

CAUSES OF DEATH

105

Primary Who Colitis How long 3 weeks

Immediate General Asthenia How long 4 days

Are the name, age, sex, color, date and place correctly given above? yes.

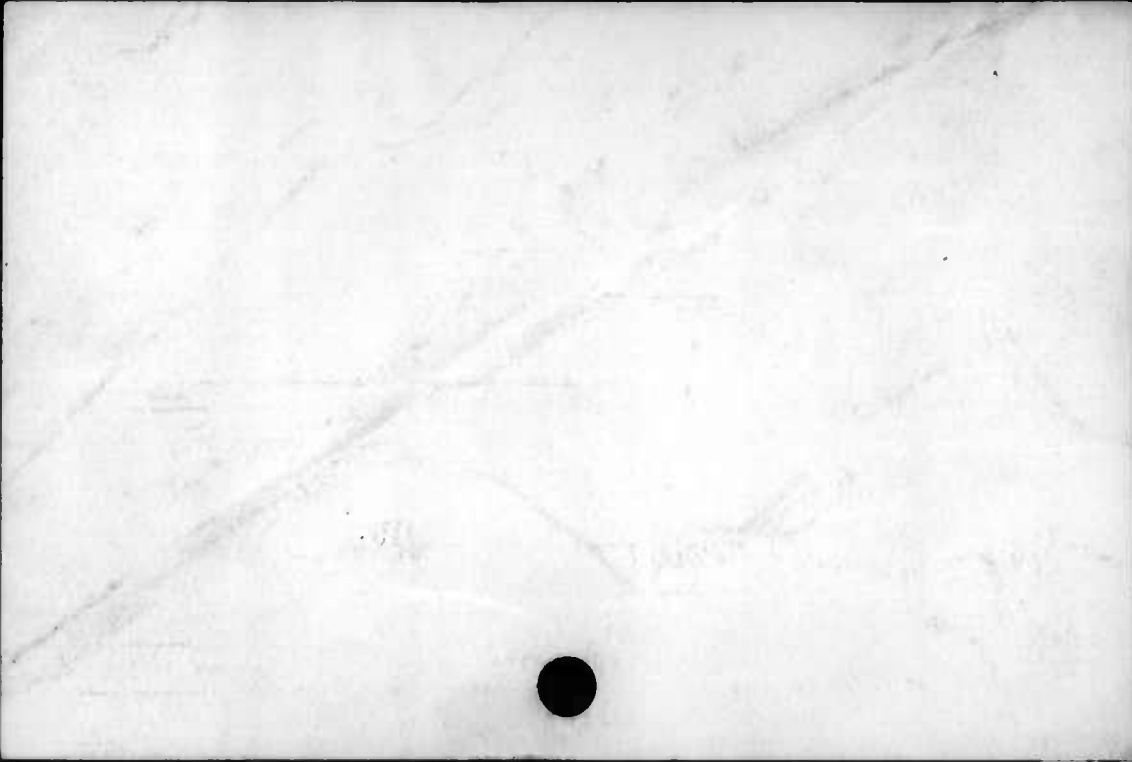
Signature of Physician

Address

Eaton, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Belvue</i> Town		<i>Talbot</i> County			
Date of death	<i>1908</i>	Month <i>Aug</i>	Day <i>9</i>	Age <i>48</i> Years	Months <i>1</i> Days
Sex <i>Male</i>	Color or Race <i>Negro</i>		Birth-place <i>Dorchester Co</i>		
Occupation <i>Laborer</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Lebra Carroll</i>				
Father's Name <i>John Carroll</i>	Father's Birthplace <i>Dorchester co</i>				
Mother's Maiden Name <i>Dont know</i>	Mother's Birthplace <i>Dorchester co</i>				
Name of person giving information <i>Lebra Carroll</i>	How related to deceased <i>Wife</i>				

CAUSES OF DEATH

68

PHYSICIAN
OR CORONER

Primary <i>Insanity</i>	How long <i>6 yrs.</i>
Immediate <i>Dont know</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>G. H. Walear Sub Reg</i>
	Address <i>Royal Oak Md</i>
Accident or Suicide?	



Name
in
Full

Robt. F. Chaplain

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

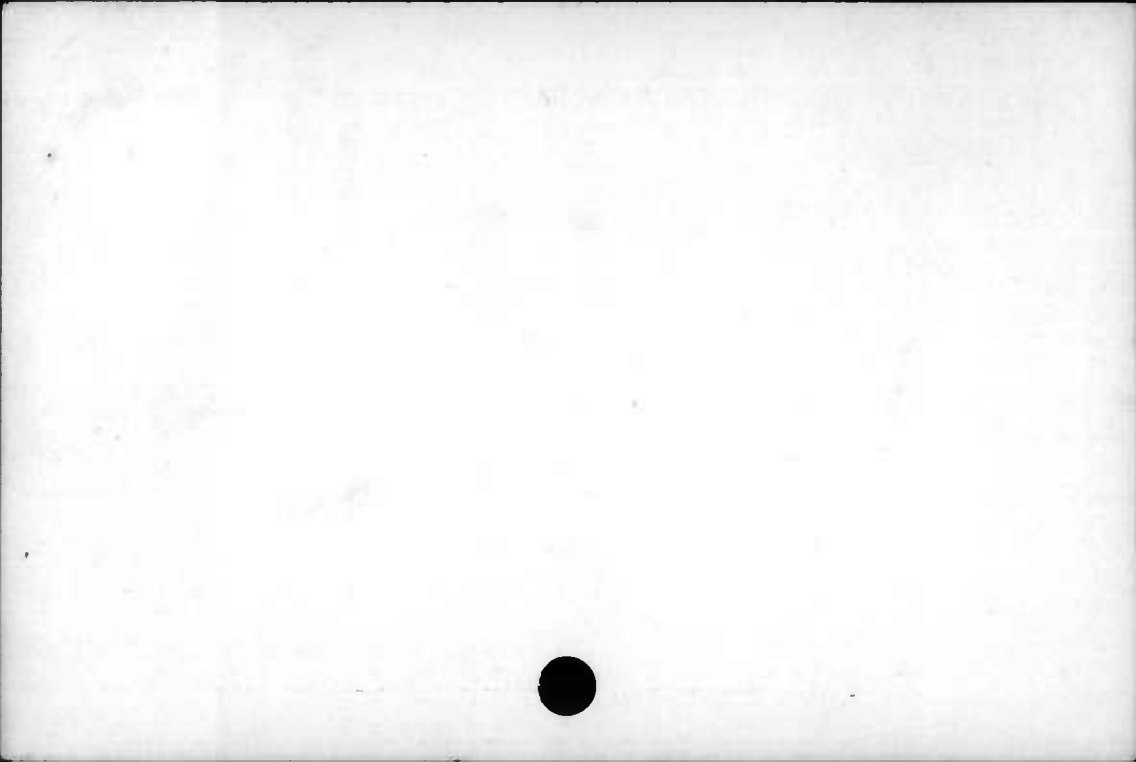
Died at <i>St. Michael's</i>		Town <i>St. Michael's</i>		County <i>Dalbot</i>		MARYLAND	
Date of death 190 <i>8</i>	Month <i>aug</i>	Day <i>2</i>	Age <i>1</i>	Years <i>1</i>	Months <i>3</i>	Days <i>15</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>St. Michael's Md</i>			
Married, Single or Widowed <i>Infant</i>		Occupation <i>none</i>					
Name of Wife or Husband <i>—</i>							
Father's Name <i>Marion Chaplain</i>				Father's Birthplace <i>St. Michael's Md</i>			
Mother's Maiden Name <i>Emma Wheeler</i>				Mother's Birthplace <i>New Jersey</i>			
Name of person giving information <i>Walter Chaplain</i>				How related to deceased <i>Uncle</i>			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Enterocolitis</i>	How long <i>3 weeks</i>
Immediate <i>General and Heart Asthenia</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A B Lascocch</i>
	Address <i>St. Michael's Md</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Nathaniel Clifton

CERTIFICATE OF DEATH

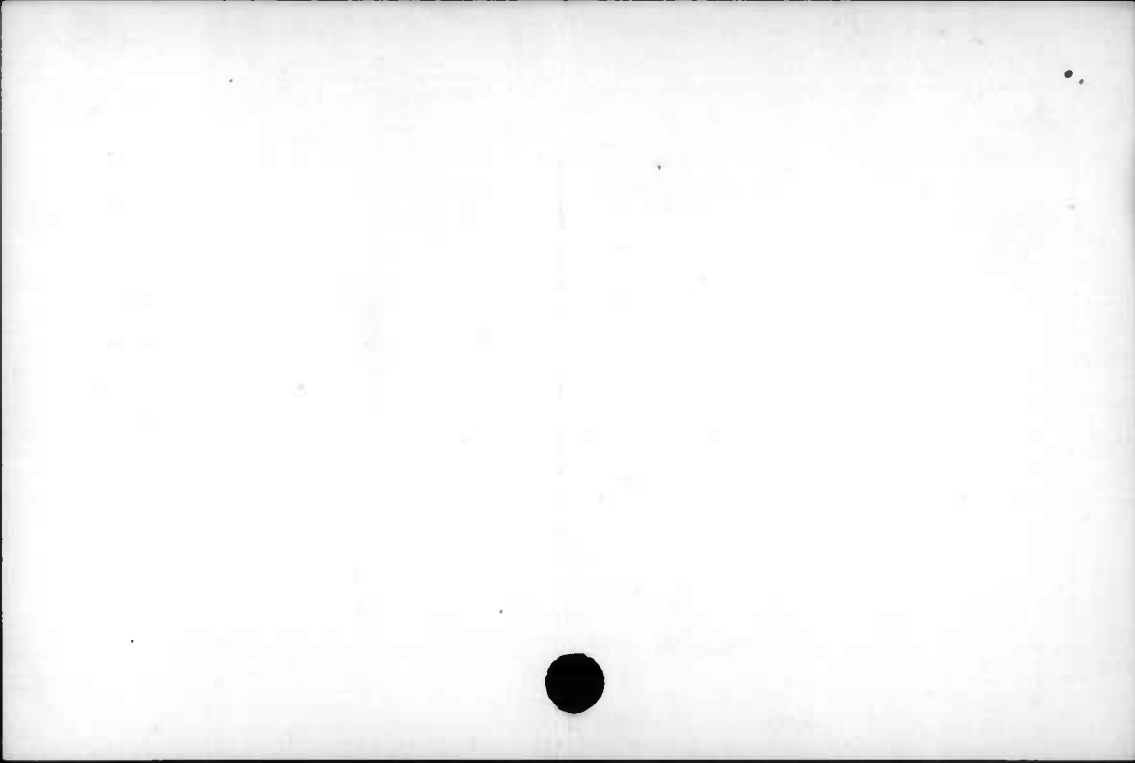
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Trappe</u> <small>Town</small>		<u>Talbot</u> <small>County</small>		MARYLAND	
Date of death <u>1908</u>	<u>aug.</u> <small>Month</small>	<u>23</u> <small>Day</small>	Age <u>76</u> <small>Years</small>	<u>✓</u> <small>Months</small>	<u>✓</u> <small>Days</small>
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Talbot Co. Md.</u>			
Occupation <u>Inmate County Home</u>		Where Residing if not at place of death <u>✓</u>			
Married, Single or Widowed <u>widower</u>	Name of Wife or Husband <u>Elizabeth Clifton</u>				
Father's Name <u>Nathaniel Clifton</u>	Father's Birthplace <u>Talbot Co.</u>		Mother's Birthplace <u>Talbot Co.</u>		
Mother's Maiden Name <u>Elizabeth Cole</u>	Name of person giving information <u>John De Gruchy</u>		How related to deceased <u>Supt. County Home</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Chronic Nephritis</u>	<u>120</u> <small>How long</small>	<u>several years</u>
Immediate	<u>coma</u>	<small>How long</small>	<u>several hours</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Wm S. Seymour</u>
		Address	<u>Trappe Md.</u>
Accident or Suicide?	<u>No</u>		



Name
in
Full

CERTIFICATE OF DEATH

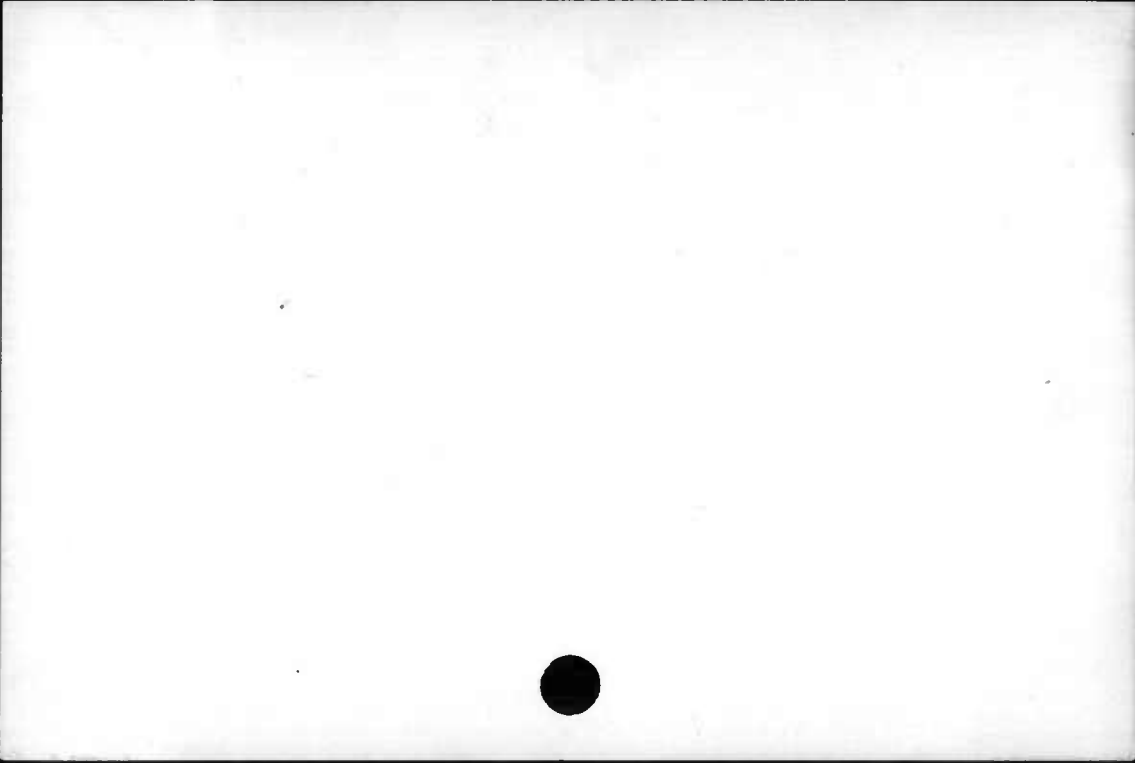
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Lafete Fields		Town Royal Oak		County Talbot		State MARYLAND	
Died at Royal Oak		Month Aug		Day 12		Years 58	
Date of death 1908 Aug 12		Age 58		Months 		Days 	
Sex Male		Color or Race Colored		Birth-place Talbot Co			
Occupation Laborer		Where Residing if not at place of death 					
Married, Single or Widowed Married		Name of Wife or Husband Bessie Fields					
Father's Name Edward Fields		Father's Birthplace Talbot Co Md					
Mother's Maiden Name Elizabeth Ross		Mother's Birthplace Talbot Co Md					
Name of person giving Information Elizabeth Fields		How related to deceased Wife					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Dropsy	How long 177
Immediate Anthrax	How long 7 months
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician J. H. Alvares
	Address Sub-Reg Royal Oak Md.
Accident or Suicide 	



Name
in
Full

Helen Jane Freeman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

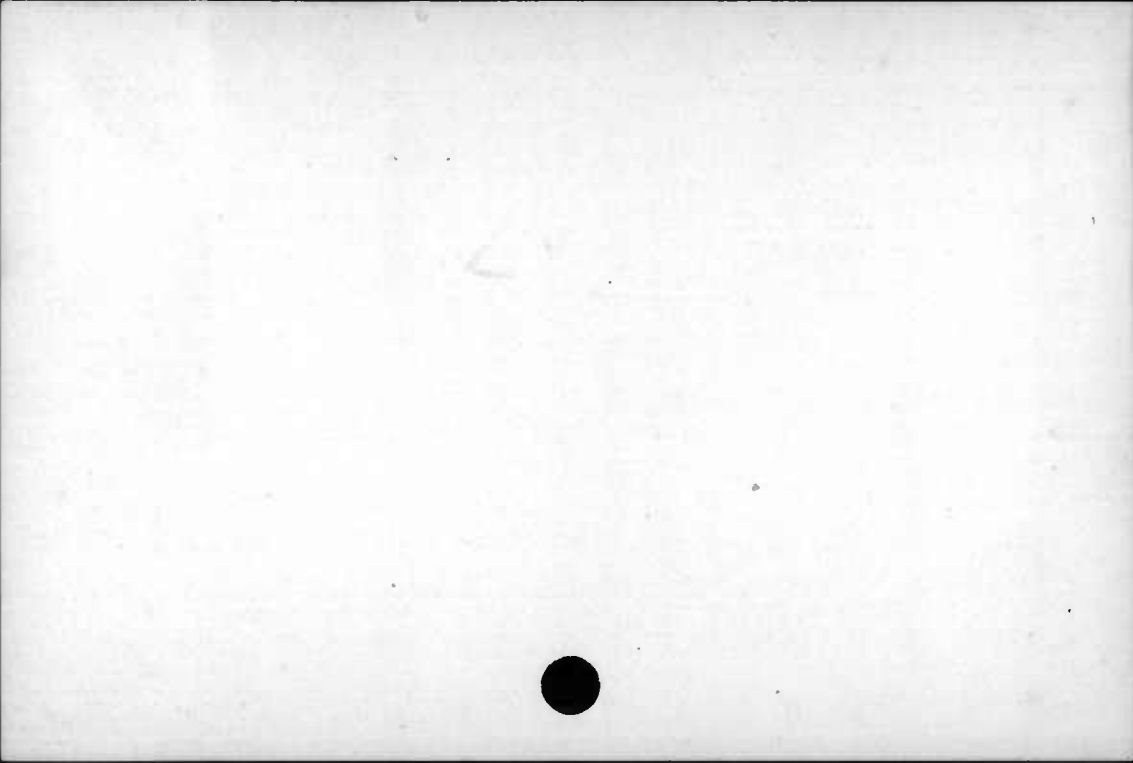
Died at <i>Cordova</i> ^{Town}			<i>Tallot</i> ^{County}			MARYLAND	
Date of death <i>1908</i>		Month <i>Aug</i>	Day <i>10</i>	Age <i>X</i>	Years	Months <i>8</i>	Days <i>12</i>
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Tallot Co. Md</i>			
Occupation <i>X</i>				Where Residing if not at place of death <i>X</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>X</i>					
Father's Name <i>Lewis Freeman</i>				Father's Birthplace <i>Tallot</i>			
Mother's Maiden Name <i>Eliza Goldborough</i>				Mother's Birthplace <i>"</i>			
Name of person giving information <i>Eliza Freeman</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

100

PHYSICIAN
OR CORONER

Primary	<i>Thyroid (Aph Thae)</i>	How long	<i>one month</i>
Immediate	<i>Marasmus</i>	How long	<i>3 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Thyae</i>		Signature of Physician <i>Chas. H. Rose</i>	
		Address <i>Cordova, Md.</i>	
Accident or Suicide?			



Name
in
Full

Isaac A Gardner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

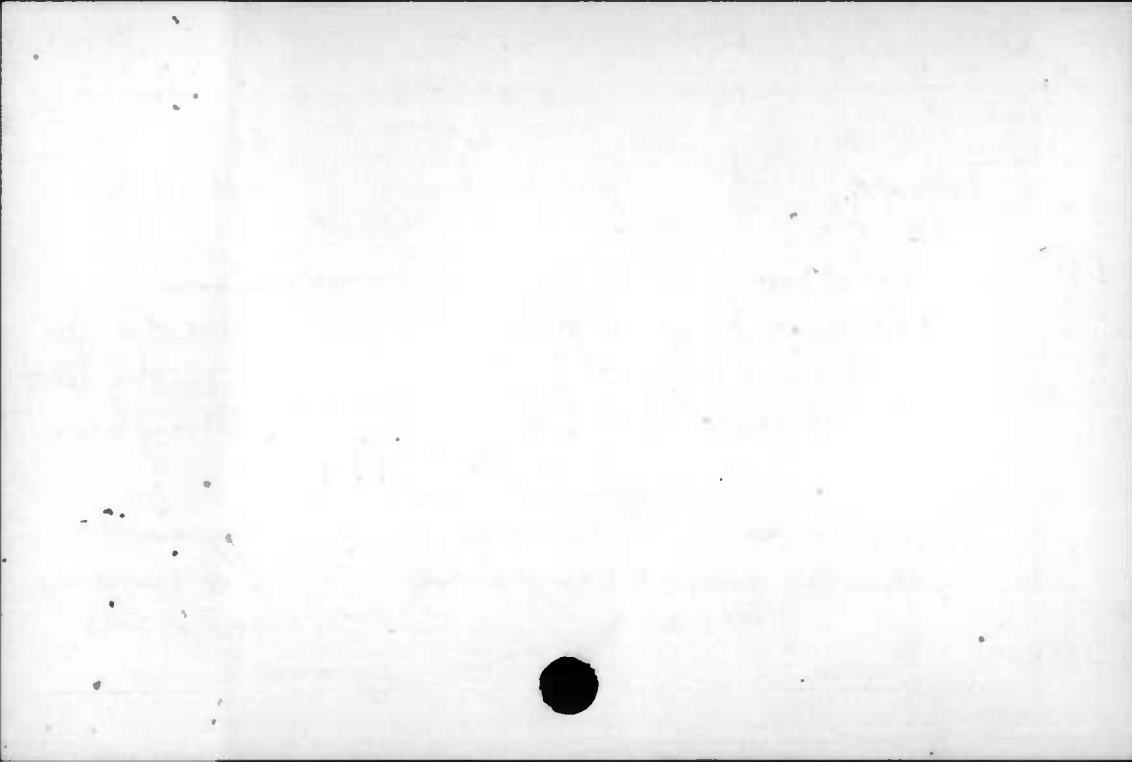
Died at <i>Near Easton</i> ^{Town}		<i>Talbot</i> ^{County}		MARYLAND	
Date of death	<i>1908</i> ^{Month}	<i>Aug</i> ^{Day}	<i>6th</i> ^{Age}	<i>77</i> ^{Years}	<i>—</i> ^{Months}
Sex	<i>Male</i>		Color or Race	<i>Black</i>	
Occupation	<i>Laborer</i>		Where Residing if not at place of death	<i>Near Easton</i>	
Married, Single or Widowed	<i>Married</i>		Name of Wife or	<i>Rachel Gardner</i>	
Father's Name	<i>Not known</i>		Father's Birthplace		
Mother's Maiden Name	<i>—</i>		Mother's Birthplace		
Name of person giving information	<i>John Gardner</i>		How related to deceased	<i>Son</i>	

CAUSES OF DEATH

142

PHYSICIAN
OR CORONER

Primary	<i>Emphysema of lungs and arms</i>	How long	<i>6 months</i>
Immediate	<i>General Asphyxia</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes.</i>	
Signature of Physician		<i>P. L. Travis</i>	
Address		<i>Easton, Md.</i>	
Accident or Suicide?			



Name
in
Full

Mary E Goldsborough

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

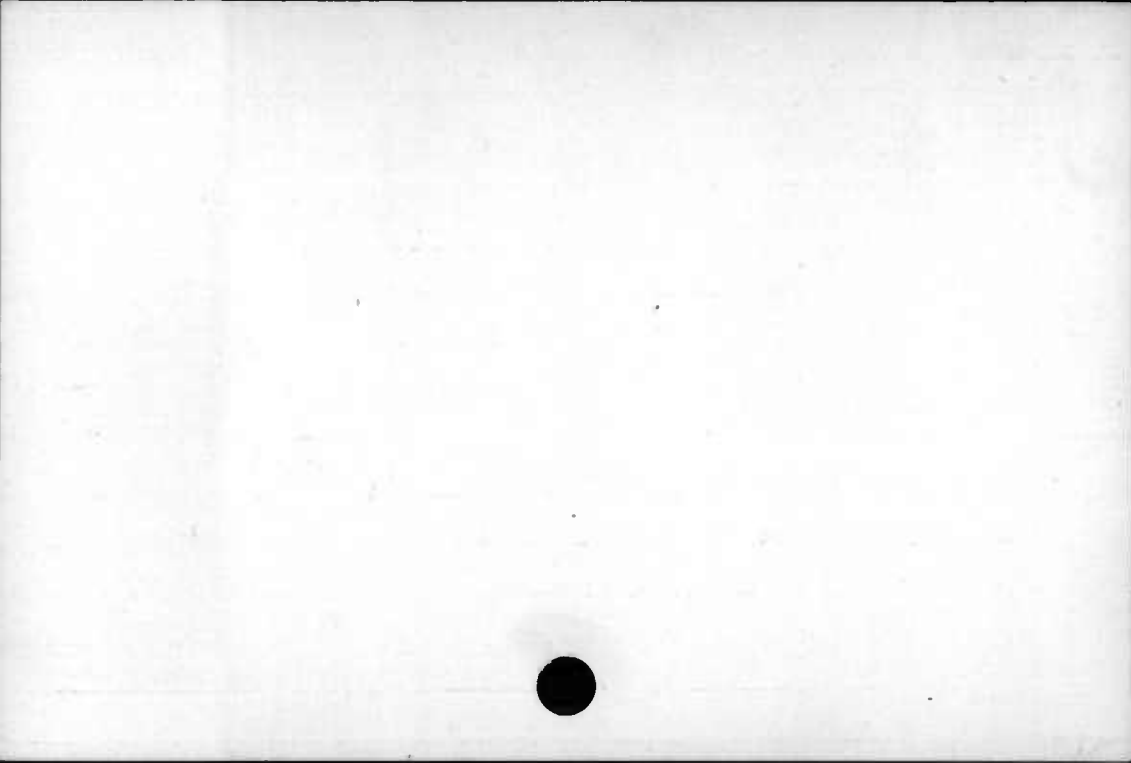
Died at ^{Town} Easton ^{County} Talbot-
 Date of death 1908 ^{Month} Aug ^{Day} 23 ^{Age} 68 ^{Months} 1 ^{Days} 1
 Sex Female Color or Race Black Birth-place Talbot Co
 Occupation Cook Where Residing if not at place of death X
 Married, Single or Widowed widow Name of Wife or Husband X Unknown
 Father's Name Mary Mowhary Father's Birthplace Caroline Co
 Mother's Maiden Name Anna Mowhary Mother's Birthplace Caroline Co
 Name of person giving information Anna Rolla How related to deceased Daughter

CAUSES OF DEATH

80

PHYSICIAN
OR CORONER

Primary Angina Pectoris How long 1 year
 Immediate Acute attack Angina How long 2 4 hours.
 Are the name, age, sex, color, date and place correctly given above? yes
 Signature of Physician Robt H. Casper
 Address Easton Md.
 Accident or Suicide? No



Name
in
Full

Anna Rebecca Green

CERTIFICATE OF DEATH

MARYLAND

Died at Boston TownCounty TalbotDate
of death 1908Month 8Day 29Age 0

Years

Months 4 1/2Days 0Sex GirlColor or
Race BlackBirth-
place Boston Ind.

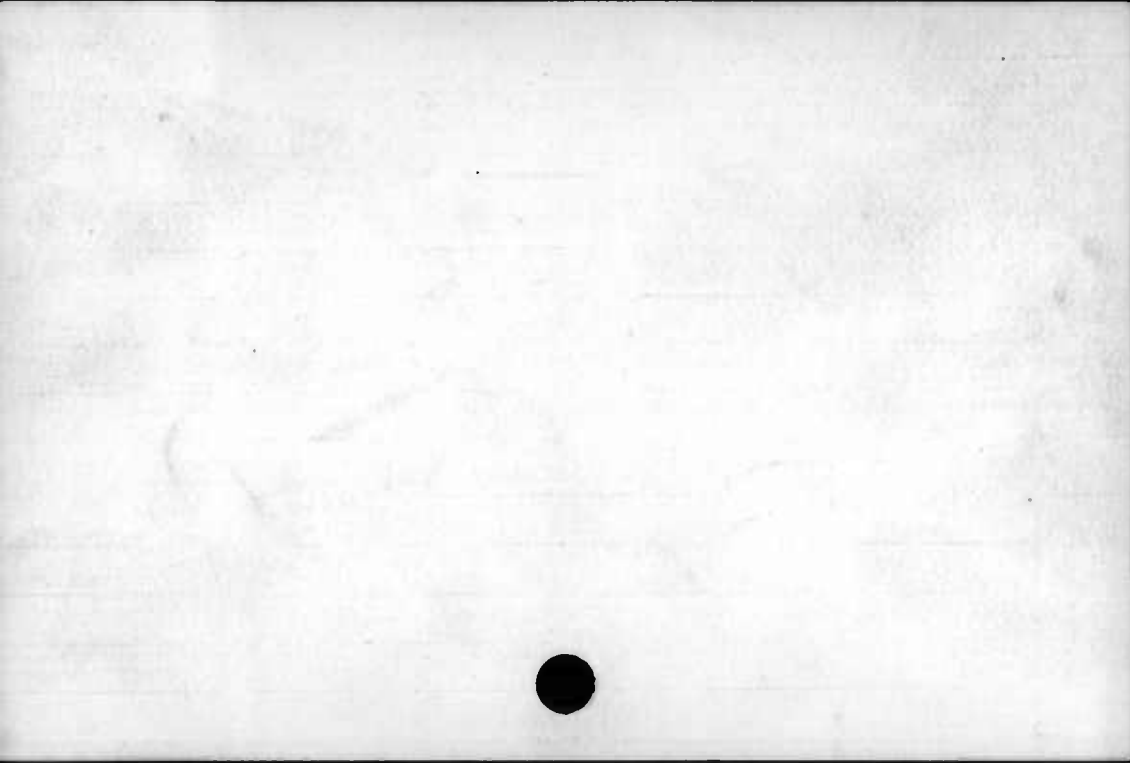
Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name John Martin GreenFather's
Birthplace Caroline Co.Mother's
Maiden Name Sadie ShrouseMother's
Birthplace BostonName of person giving
Information FatherHow related
to deceased Father

CAUSES OF DEATH

100

Primary UnknownHow long UnknownSaid to be thorough, presented but
Immediate never saw child.How long UnknownAre the name, age, sex, color, date
and place correctly given above? yesSignature of
Physician Robt H. [unclear] M.D.Address Boston Ind.Accident or Suicide? don't knowTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Mare Hall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

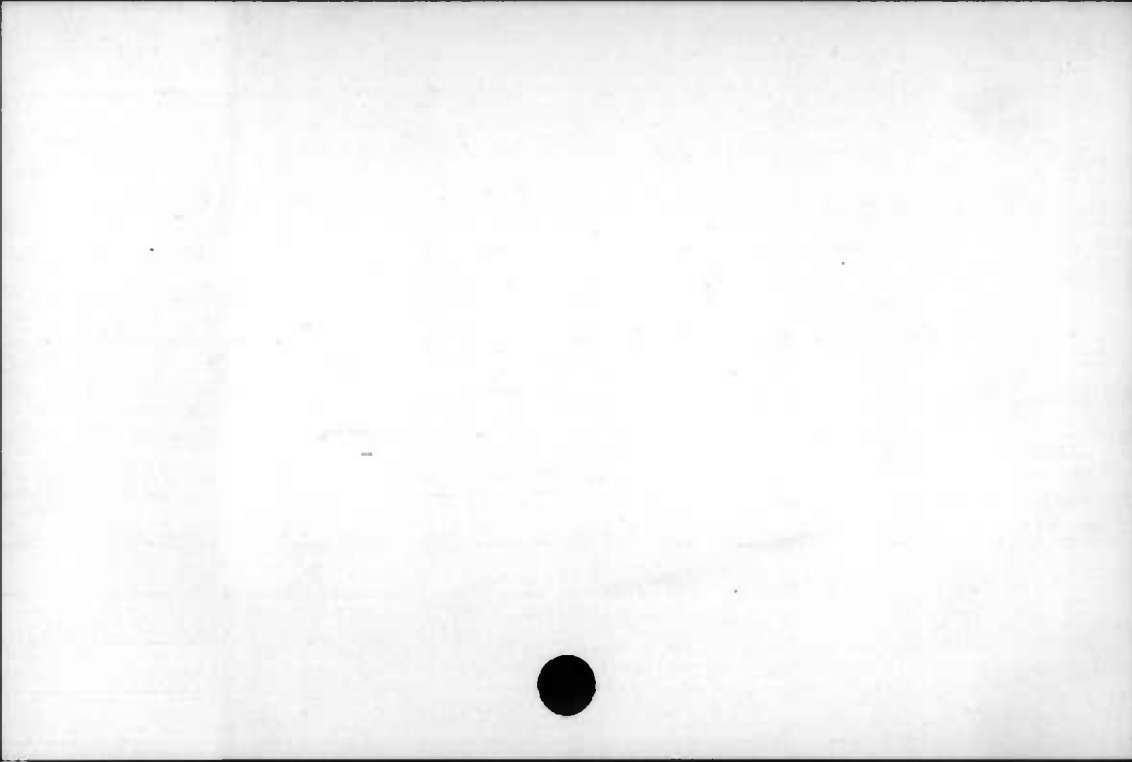
Died at <u>Easton</u> Town		<u>Talbot Co</u> County		MARYLAND	
Date of death	<u>1908</u> Year	<u>Aug</u> Month	<u>20th</u> Day	Age <u>11</u> Years	Months <u>—</u> Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>negro</u>	Birth-place <u>Talbot Co</u>			
Occupation <u>none</u>	Where Residing if not at place of death <u>Easton</u>				
Married, Single or Widowed <u>Child</u>	Name of Wife or Husband <u>Agnes Parker</u>				
Father's Name <u>Dennis Hall</u>	Father's Birthplace <u>Talbot Co</u>				
Mother's Maiden Name <u>Mary Carter</u>	Mother's Birthplace <u>Talbot Co</u>				
Name of person giving information <u>Mary Carter</u>	How related to deceased <u>Grandmother</u>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <u>Acute Tuberculosis Pulmonaris</u>	How long <u>9 wks</u>
Immediate <u>Exhaustion</u>	How long <u>few days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Chas. Handen</u>
	Address <u>Easton Md.</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Josephine H. Hayward

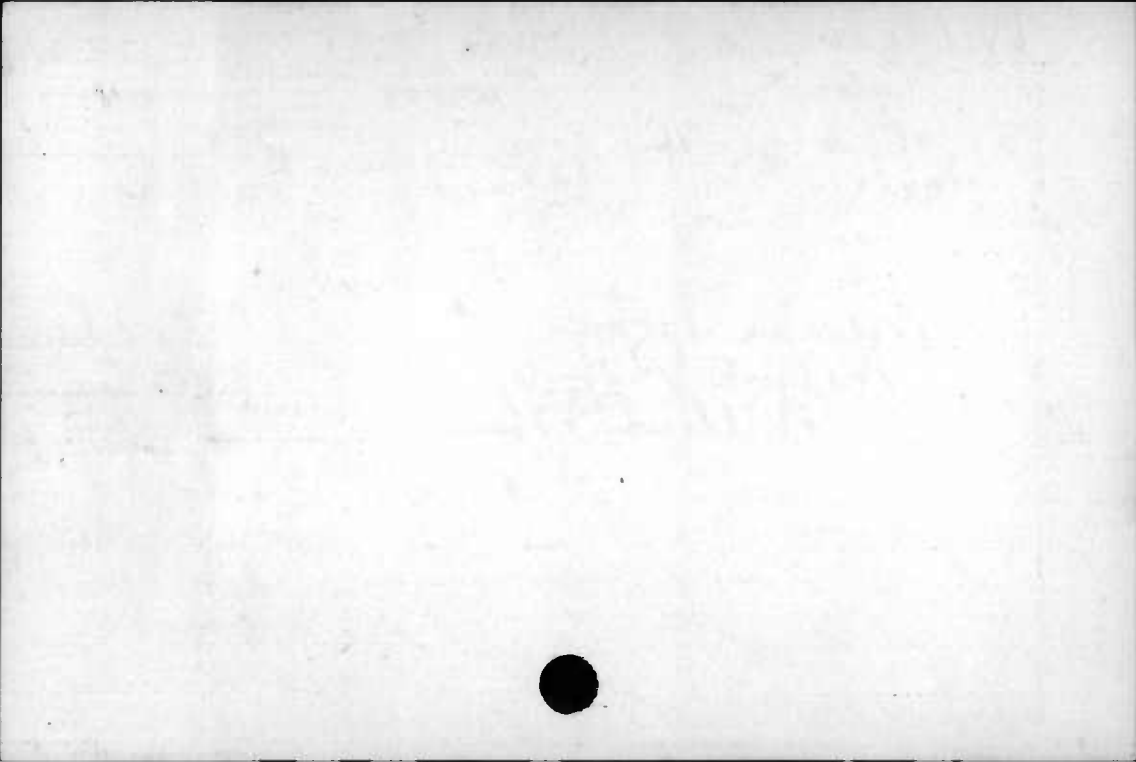
Died at <i>Trappe</i>		Town		County <i>Talbot</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>August</i>	Day <i>3rd</i>	Age <i>85</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Talbot Co</i>				
Occupation			Where Residing if not at place of death <i>Trappe</i>				
Married, Single or Widowed			Name of Wife or Husband <i>Thomas S. Hayward</i>				
Father's Name <i>James Bowie</i>			Father's Birthplace <i>Talbot Co</i>				
Mother's Maiden Name <i>Anne M. B. H. Bowie</i>			Mother's Birthplace <i>Talbot Co</i>				
Name of person giving information <i>Dallas B. Hayward</i>			How related to deceased <i>Son</i>				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>mitral & aortic incompetency following Pneumonia</i>	How long <i>3 months</i>
Immediate	<i>Cardiac Asthenia</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Jas. L. McCormick</i>
		Address <i>Trappe</i>
Accident or Suicide?		



Name
in
Full

William H. T. Johns

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

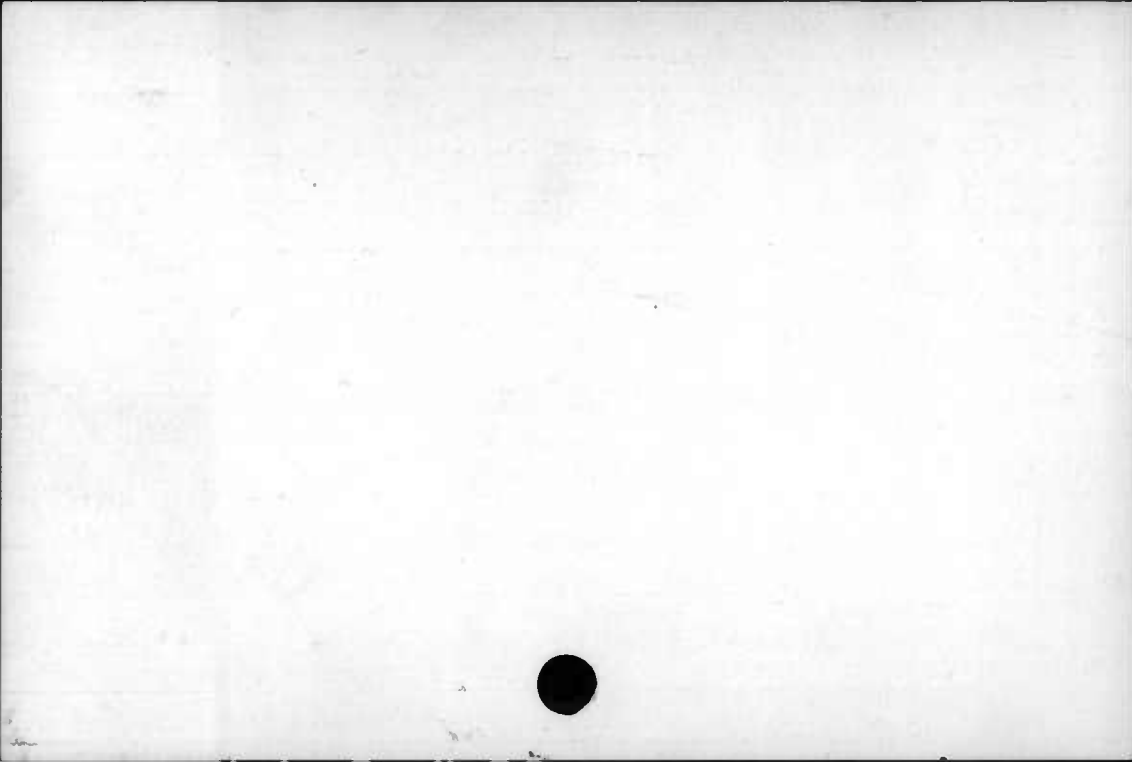
Died at <u>Tarr</u> Town		<u>Tarr</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>Aug</u>	Day <u>16</u>	Age	Months <u>2 1/2</u>	Days
Sex <u>Male</u>	Color or Race <u>Black</u>		Birth-place <u>Tarr</u>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <u>X</u>		Name of Wife or Husband <u>X</u>			
Father's Name <u>William Johns</u>			Father's Birthplace <u>Tarr</u>		
Mother's Maiden Name <u>Nettie Johns</u>			Mother's Birthplace <u>Tarr</u>		
Name of person giving information <u>William Johns</u>			How related to deceased <u>father</u>		

CAUSES OF DEATH

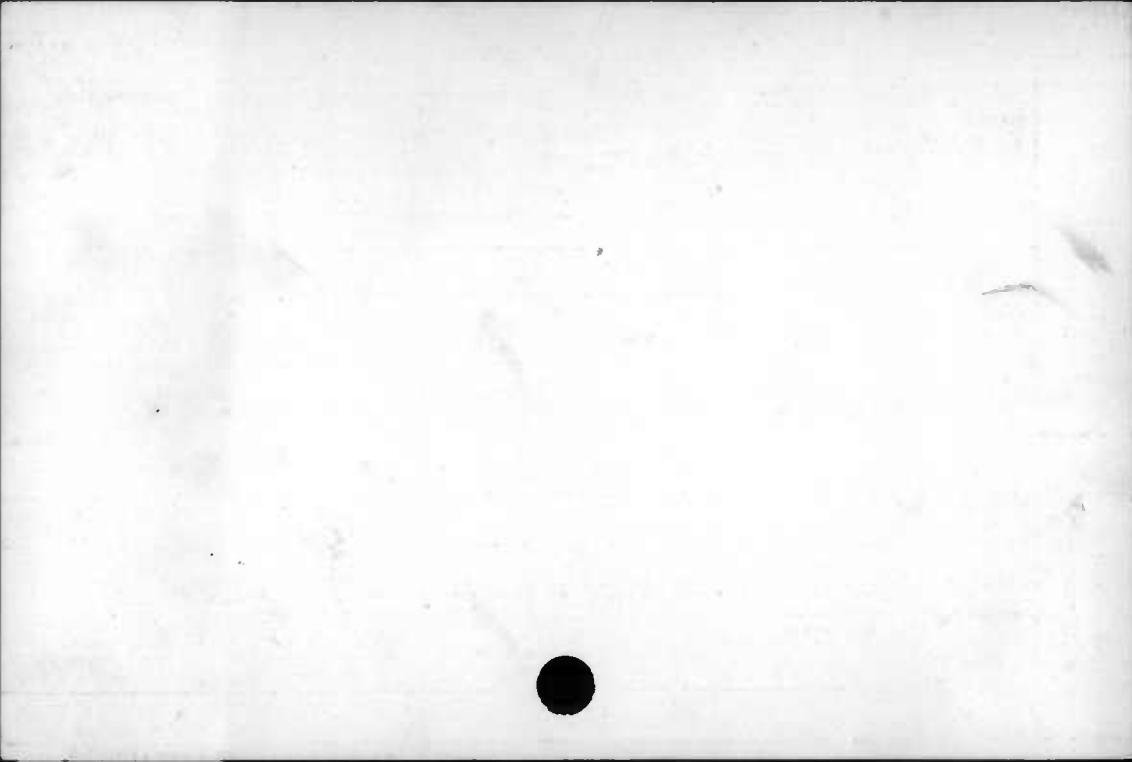
(151)

PHYSICIAN
OR CORONER

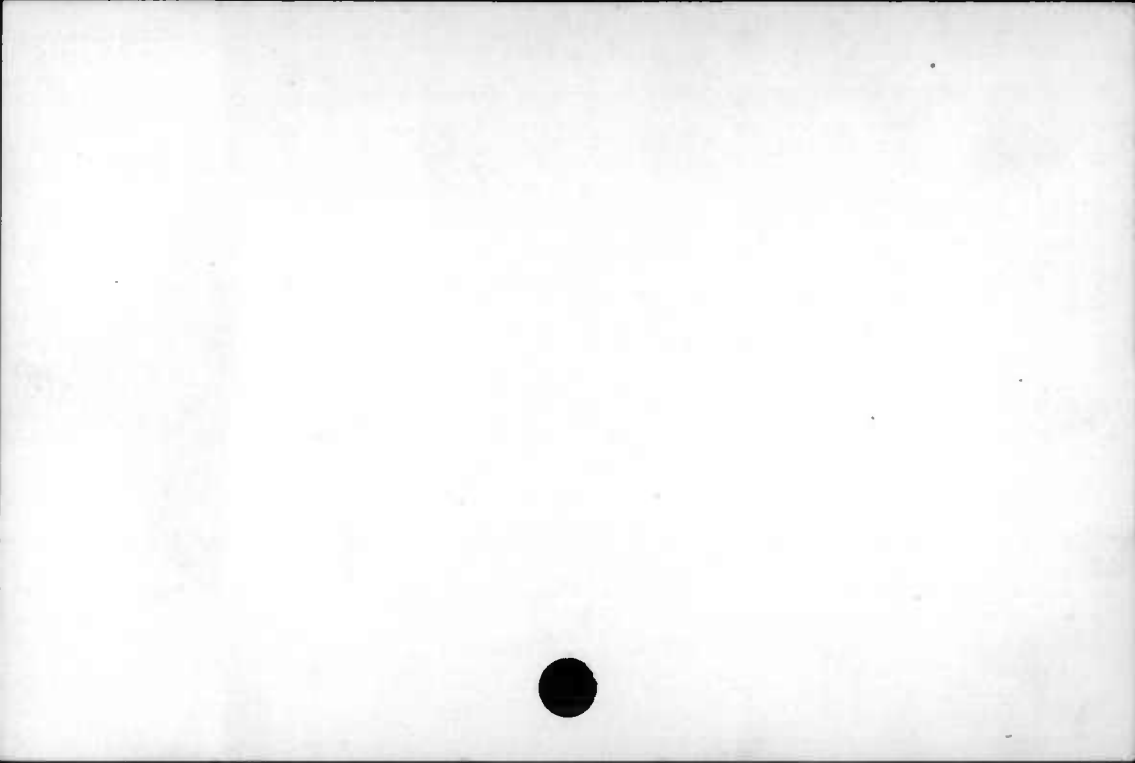
Primary <u>Inanition</u>	How long <u>months</u>
Immediate <u>General Restlessness</u>	How long <u>one week</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>P. L. Traversy</u>
	Address <u>Box 2002</u>
Accident or Suicide?	



Name in Full		John Mottley Kirby Jr.				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Sherwood		Talent		MARYLAND		
	Date of death	1908	Month	Aug	Day	28	Age	—
	Sex	Male		Color or Race	White		Birth-place	Sherwood Md
	Occupation				Where Residing if not at place of death			11
	Married, Single or Widowed	—		Name of Wife or Husband				
	Father's Name	John Mottley Kirby				Father's Birthplace	Talent Co	
	Mother's Maiden Name	Irma Thoworth				Mother's Birthplace	Talent Co	
Name of person giving information	John Mottley Kirby				How related to deceased	Father		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Stomatitis				(100) How long	2 mos	
	Immediate	Colitis				How long	1 week	
	Are the name, age, sex, color, date and place correctly given above?				Yes			
	Accident or Suicide?				No			
	Signature of Physician				J. K. Wilson			
Address				Talent Co				
				Md				



Name in Full William H. Tidnum		Town Wittman		County Talbot		CERTIFICATE OF DEATH	
Died at Wittman		State MARYLAND					
Date of death 1908 Aug 8		Month Aug		Day 8		Age 67	
Sex Male		Color or Race White		Birthplace Talbot Co		Months 10	
Occurrence Accidental		Where Residing if not at place of death Same					
Married, Single or Widowed Married		Name of Wife or Husband Mary A. Tidnum					
Father's Name Thomas Tidnum		Father's Birthplace Talbot Co.					
Mother's Maiden Name Ann M. Tidnum		Mother's Birthplace Talbot Co.					
Name of person giving information Asbert Hilton Tidnum		How related to deceased Son					
CAUSES OF DEATH							
Primary Tuberculosis		How long also not known					
Immediate		How long					
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Chas. B. Sether					
		Address St. Michaels					
Accident or Suicide? No							



Name
in
Full

Arianna L. Mc Quay

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} Borman^{County} TalbotDate of death 1908 ^{Month} Aug^{Day} 26Age 79 ^{Years}^{Months}^{Days}Sex FemaleColor or
RaceWhiteBirth-
placeTalbot Co.

Occupation

HousewifeWhere Residing if not
at place of deathTownMarried, Single
or WidowedWidowedName of Wife or
HusbandWilliamMc QuayFather's
NameHenry RidgwayFather's
BirthplaceTalbot Co.Mother's
Maiden NameCarol LambdinMother's
BirthplaceTalbot Co.Name of person giving
InformationW. T. Mc QuayHow related
to deceasedSon

CAUSES OF DEATH

44

Primary

Cancer

How long

Immediate

Heart Failure

How long

Are the name, age, sex, color, date
and place correctly given above?Yes
(over)Signature of
Physician

Address

Dr. J. B. Seiber
St Michael
Pro

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

swollen of face first, then had symptoms of
cancer of liver, from which she died

Name
in
Full

John Henry Maloney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

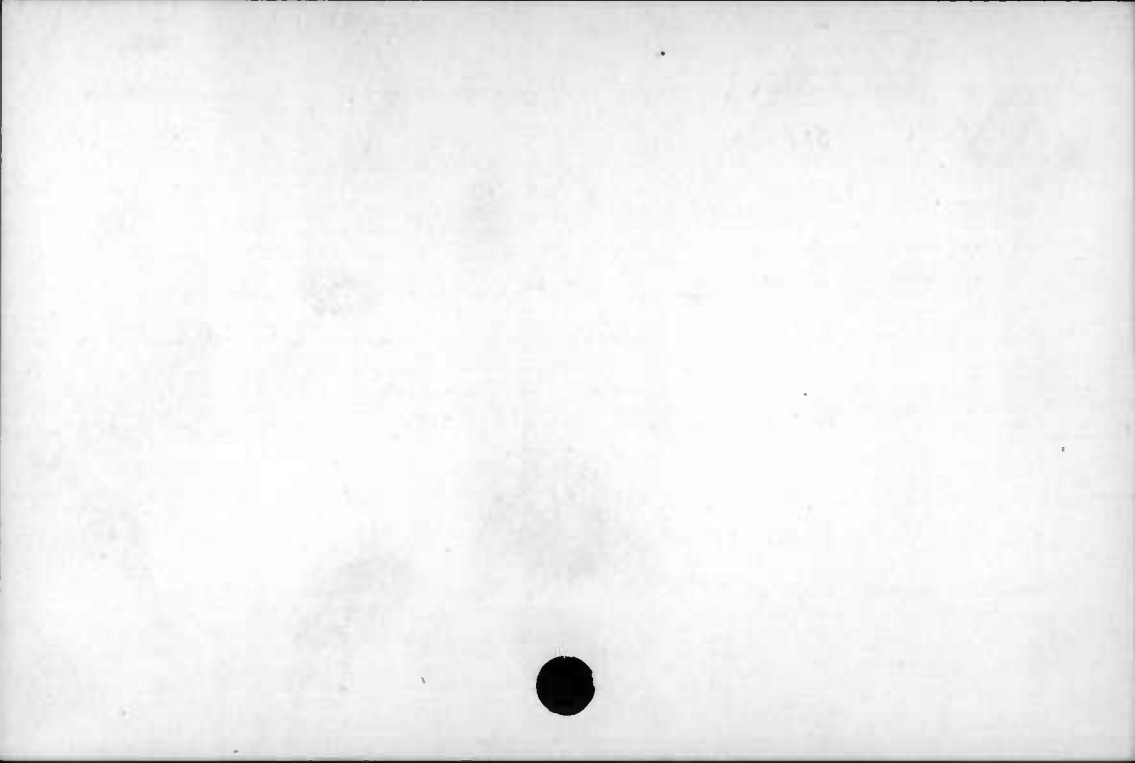
Died at		Town Cotton		County Talbot			
Date of death		1908	Month Aug.	Day 16	Age —	Years —	Months 11—
Sex Male		Color or Race White		Birth- place Stonington Del		Days 14	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name Geo. Denis Maloney				Father's Birthplace Smyrna Del			
Mother's Maiden Name Bessie Griffin				Mother's Birthplace Smyrna Del			
Name of person giving In formation Geo Denis Maloney				How related to deceased Father			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Infantile Diarrhea	How long	2 weeks
Immediate	Convulsions	How long	1/2 hour
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. M. Eades M.D.	
Address		Officer Mace	
Accident or Suicide?			



Name in Full		Henry Marshall				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND			
		Date of death		Month	Day	Age	Years	Months	Days
		Sex		Color or Race		Birth-place			
		Occupation		Where Residing if not at place of death					
		Married, Single or Widowed		Name of Wife or Husband					
		Father's Name		Mother's Maiden Name		Father's Birthplace			Mother's Birthplace
Name of person giving information		How related to deceased							
		CAUSES OF DEATH		(105)					
PHYSICIAN OR CORONER		Primary		Enterocolitis		How long		10 days	
		Immediate		Exhaustion		How long			
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Joseph A. Ross, M.D.	
		Address		Trappe, Talbot Co., Md.					
Accident or Suicide?									



Name
in
Full

Ladie E Nichols

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

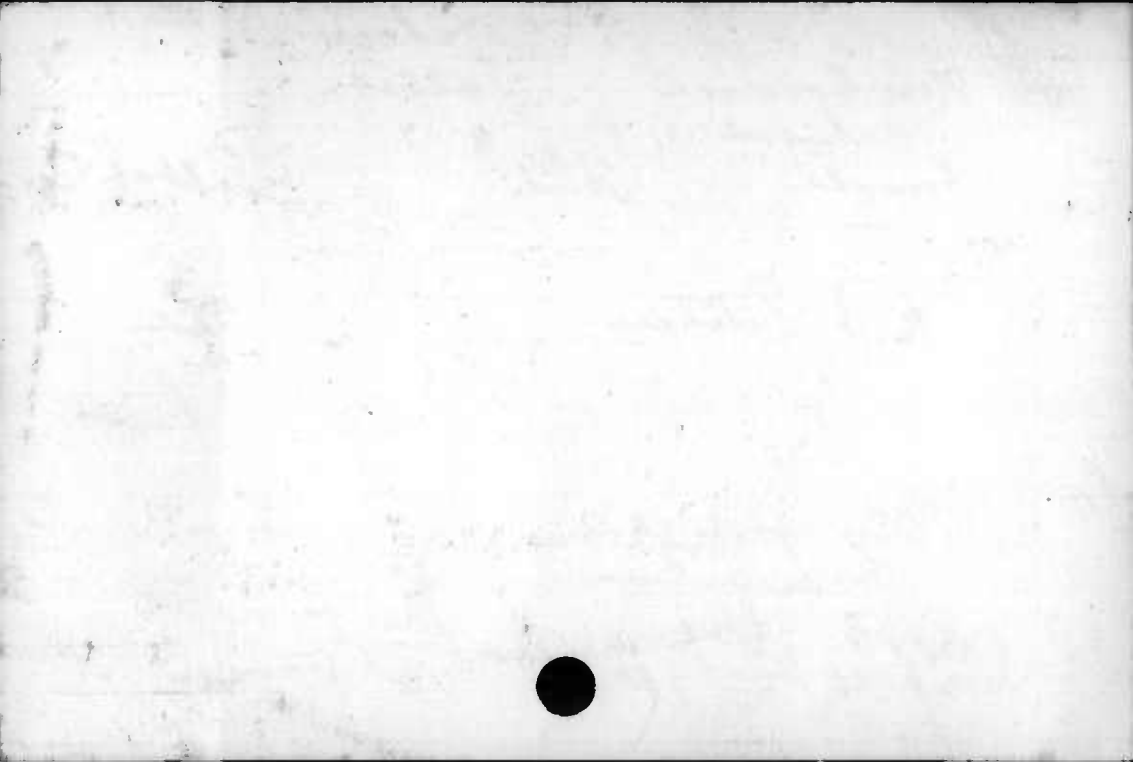
Died at ^{Town} *Easter* ^{County} *Talbot*Date of death 190 ^{Month} *8 August* ^{Day} *30th* Age ^{Years} *59* ^{Months} *8* ^{Days} *24*Sex *Female* Color or Race *White* Birth-place *Easter Md*Occupation *Lady* Where Residing if not at place of deathMarried, Single or Widowed *Single* Name of Wife or HusbandFather's Name *Nehemiah E Nichols* Father's Birthplace *Laurens Md*Mother's Maiden Name *Elizabeth Kirby* Mother's Birthplace *Laurens Md*Name of person giving information *Chas E Nichols* How related to deceased *Brother*

CAUSES OF DEATH

(91)

Primary *Bronchitis Chronic* How long *several years*Immediate *General Asthma* How long *two weeks*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *P. J. Farrow*
Address *Easter, Md.*

Accident or Suicide?



Name
in
Full

Martha Virginia Patchett

CERTIFICATE OF DEATH

Died at ^{Town} *New Cordora*^{County} *Talbot*

MARYLAND

Date of death | 90 ^{Month} *August* ^{Day} *11*Age ^{Years} *—*^{Months} *7* ^{Days} *—*Sex *Female*Color or Race *White*Birth-place *Talbot Co*Occupation *—*Where Residing if not at place of death *—*

Married, Single or Widowed

Name of Wife or Husband *—*Father's Name *R. J. Patchett*Father's Birthplace *Ma*Mother's Maiden Name *Georgiana Boyles*Mother's Birthplace *Ma*Name of person giving information *R. J. Patchett*How related to deceased *Father*

CAUSES OF DEATH

179

Primary *Marasmus*How long *Several months*Immediate *Exhaustion*

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

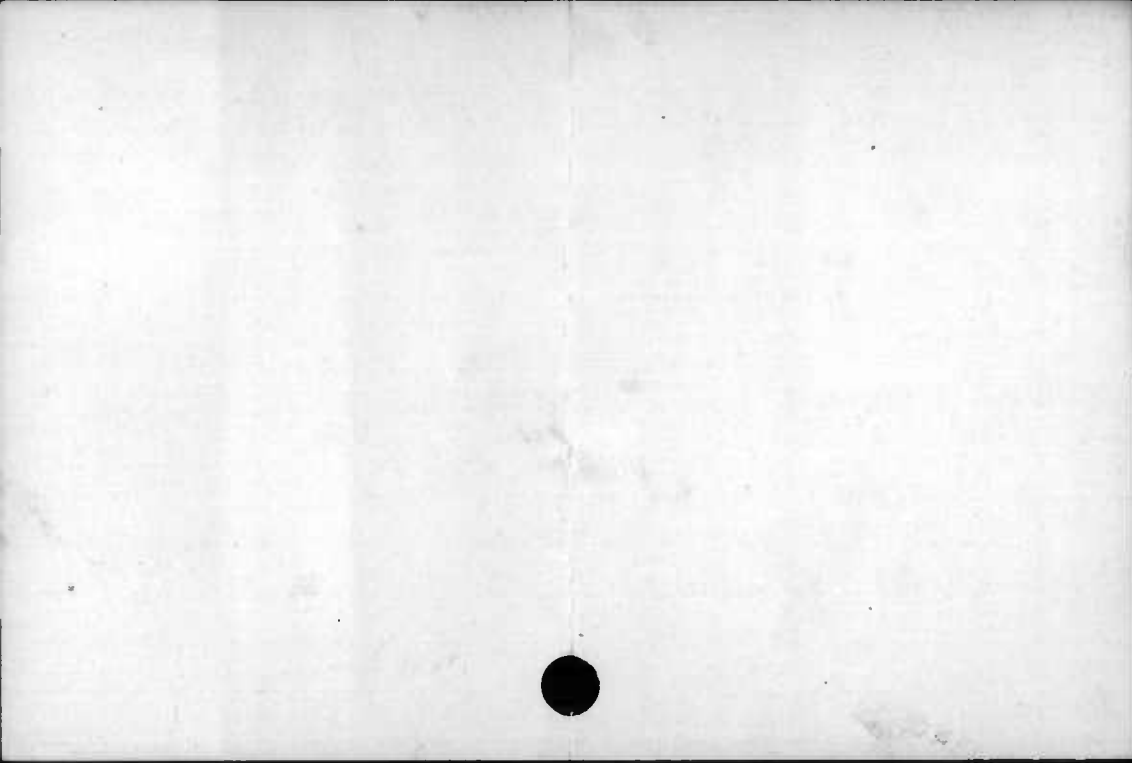
Signature of Physician

Address

J. D. Tori
Cordora
*Ma**I died*
Saw first prob Aug 90

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Sarah J. Simpson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Year	Months	Days	
1908		Aug	28	Age	68		
Sex	Female		Color or Race	Colored		Birth-place	Maryland
Occupation	Domestic			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Clinton H. Simpson			
Father's Name	Henry Simpson			Father's Birthplace	Talbot Co.		
Mother's Maiden Name	Jenny Simpson			Mother's Birthplace	" "		
Name of person giving Information				How related to deceased			

CAUSES OF DEATH

(64)

PHYSICIAN
OR CORONER

Primary	Cerebral Paralysis	How long	5 days
Immediate	Inflammation of Brain	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Saml B. Tripper
		Address	Royal Oak Md
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

Mary Sloan

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <u>Cambridge</u> <small>Town</small>		<u>Tulbert</u> <small>Court</small>			
Date of death <u>1908</u>	<u>Aug</u> <small>Month</small>	<u>30</u> <small>Day</small>	Age <u>46</u> <small>Years</small>	<u> </u> <small>Months</small>	<u> </u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>Blk</u>		Birth-place <u>Chesfield, Md</u>		
Occupation <u>house</u>	Where Residing if not at place of death <u> </u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Samuel Sloan</u>				
Father's Name <u>John Ward</u>	Father's Birthplace <u>unknown</u>				
Mother's Maiden Name <u>unknown</u>	Mother's Birthplace <u>unknown</u>				
Name of person giving information <u>James T. Sloan</u>	How related to deceased <u>Ther</u>				

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary <u>Parking for</u>	How long <u>3 years</u>
Immediate <u>Merrie Court</u>	How long <u>4 days</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Dr. R. Merritt</u>
	Address <u>Essex</u>
Accident or Suicide?	

Ship to Hopewell
Thd
Via Beta

Name
in
Full

Edith E Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

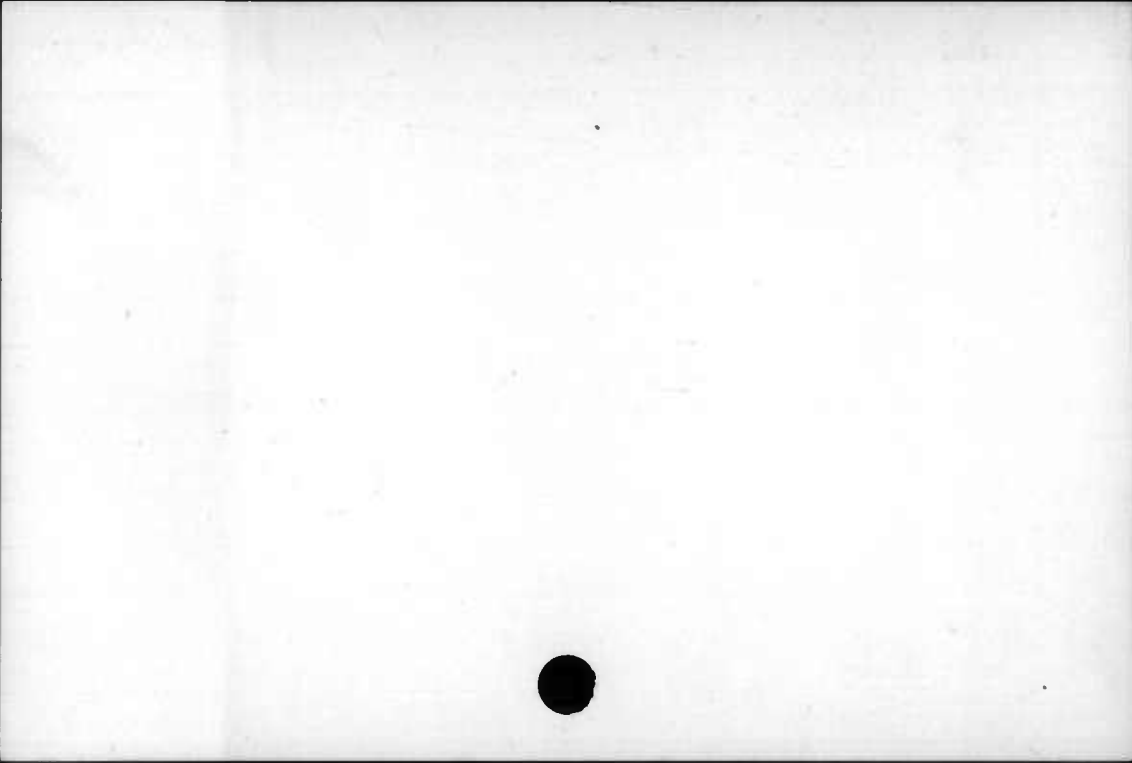
Died at <u>Easton</u> ^{Town}		<u>Talbot</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	<u>Aug</u> ^{Month}	<u>13</u> ^{Day}	Age <u> </u> ^{Years}	<u>6</u> ^{Months}	<u>6</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Easton</u>		
Occupation <u>X</u>	Where Residing if not at place of death <u>X</u>				
Married, Single or Widowed <u>X</u>	Name of Wife or Husband <u>X</u>				
Father's Name <u>Harry I Taylor</u>	Father's Birthplace <u>Del</u>				
Mother's Maiden Name <u>Ida V Hubbard</u>	Mother's Birthplace <u>Caroline Co</u>				
Name of person giving information <u>Harry I Taylor</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <u>Heart Lesion</u>	How long <u>unknown</u>
Immediate <u>cardiac asthma</u>	How long <u>8 mos.</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>	Signature of Physician <u>P. L. Travis</u>
	Address <u>Easton, Md.</u>
Accident or Suicide? <u> </u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Nicola Thomas</i>		Town <i>Bellevue</i>		County <i>Talbot</i>		State MARYLAND	
Died at <i>Bellevue</i>		Month <i>Aug</i>		Day <i>14</i>		Years <i>4</i>	
Date of death <i>1908</i>		Month <i>Aug</i>		Day <i>14</i>		Age <i>4</i>	
Sex <i>Male</i>		Color or Race <i>colored</i>		Birth- place <i>Talbot Co.</i>			
Occupation _____		Where Residing if not at place of death _____					
Married, Single or Widowed _____		Name of Wife or Husband _____					
Father's Name <i>Henry Thomas</i>		Father's Birthplace <i>Talbot Co Md</i>					
Mother's Maiden Name <i>Margie Davies</i>		Mother's Birthplace <i>Talbot Co Md</i>					
Name of person giving Information <i>Clinton & Johnson</i>		How related to deceased <i>Cousin</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Drowning</i>	How long <i>172</i>
Immediate <i>11</i>	How long _____
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. H. Walcott</i>
	Address <i>Royal Oak Md.</i>
Accident or Suicide <i>Accident</i>	



Name
in
Full

Rebecca Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

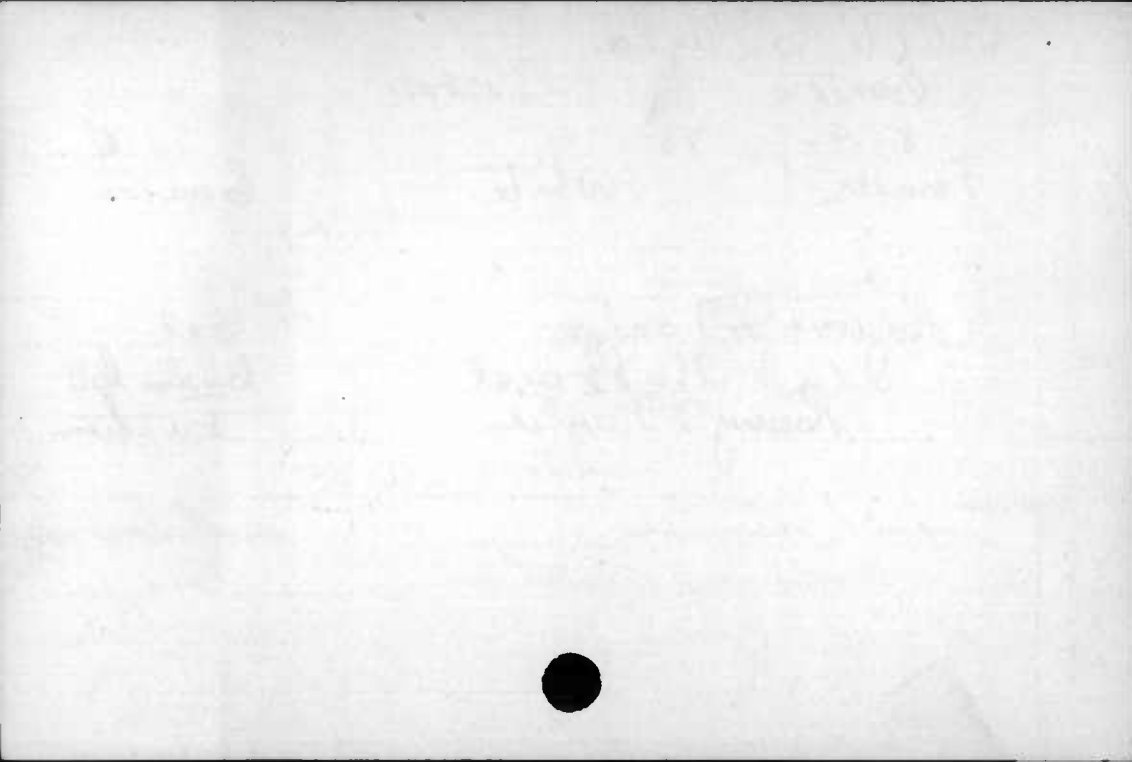
Died at <i>M^c Daniel</i> <small>Town</small>		<i>Talbot</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i> <small>Month</small>		<i>August</i> <small>Day</small>		<i>27</i> <small>Years</small>	
<i>94</i> <small>Months</small>		<i>94</i> <small>Days</small>			
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Caroline Co.</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>M^c Daniel</i>			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>William Thomas</i>			
Father's Name <i>Fleumer</i>		Father's Birthplace <i>Caroline Co.</i>			
Mother's Maiden Name <i>Rhitta Fleumer</i>		Mother's Birthplace <i>Caroline Co.</i>			
Name of person giving information <i>Charles Trath</i>		How related to deceased <i>Grand son</i>			

CAUSES OF DEATH

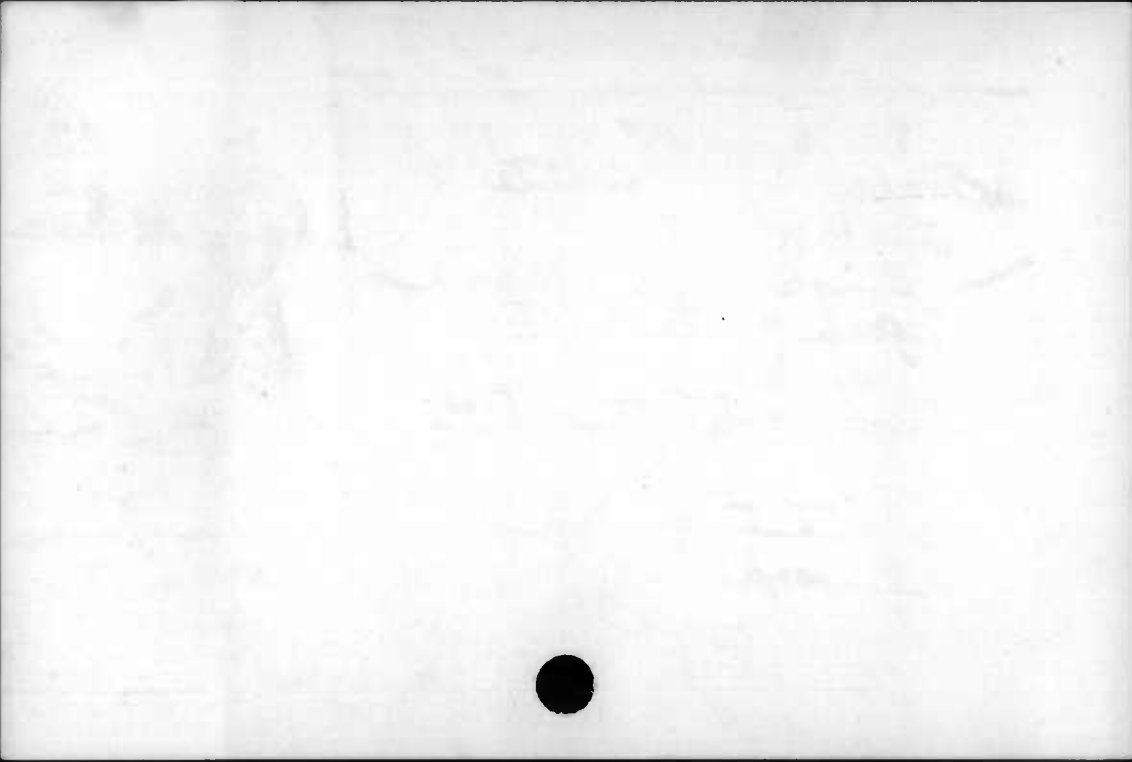
14

PHYSICIAN
OR CORONER

Primary <i>Dysentery</i>	How long <i>2 wks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. G. B. Sells</i>
	Address <i>St Michael</i>
Accident or Suicide?	<i>No</i>



Name in Full		Sarah Elizabeth Todd				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Easton	County Talent		MARYLAND	
	Date of death	1908	Month August	Day 7	Age 50	Months 4	Days 4
	Sex	Female		Color or Race	White		Birth-place
	Occupation	D.		Where Residing if not at place of death		Baltimore, Md.	
	Married, Single or Widowed	Single		Name of Wife or Husband	Edw. D. Todd		
	Father's Name	John Wyatt			Father's Birthplace	Delaware	
	Mother's Maiden Name	Ellen Rust			Mother's Birthplace	Delaware	
Name of person giving information	Edw. D. Todd			How related to deceased	Husband		
<div style="display: flex; justify-content: space-between; align-items: center;"> <div>CAUSES OF DEATH</div> <div style="border: 2px solid black; border-radius: 50%; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center; font-size: 24px;">97</div> </div>							
PHYSICIAN OR CORONER	Primary	Asthma				How long	10 years
	Immediate	Dilatation and failure of the heart				How long	1
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	J. C. Stevens	
					Address	Easton	
Accident or Suicide?		No				Med.	



Name
in
Full

Edward Ammermon Whitley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

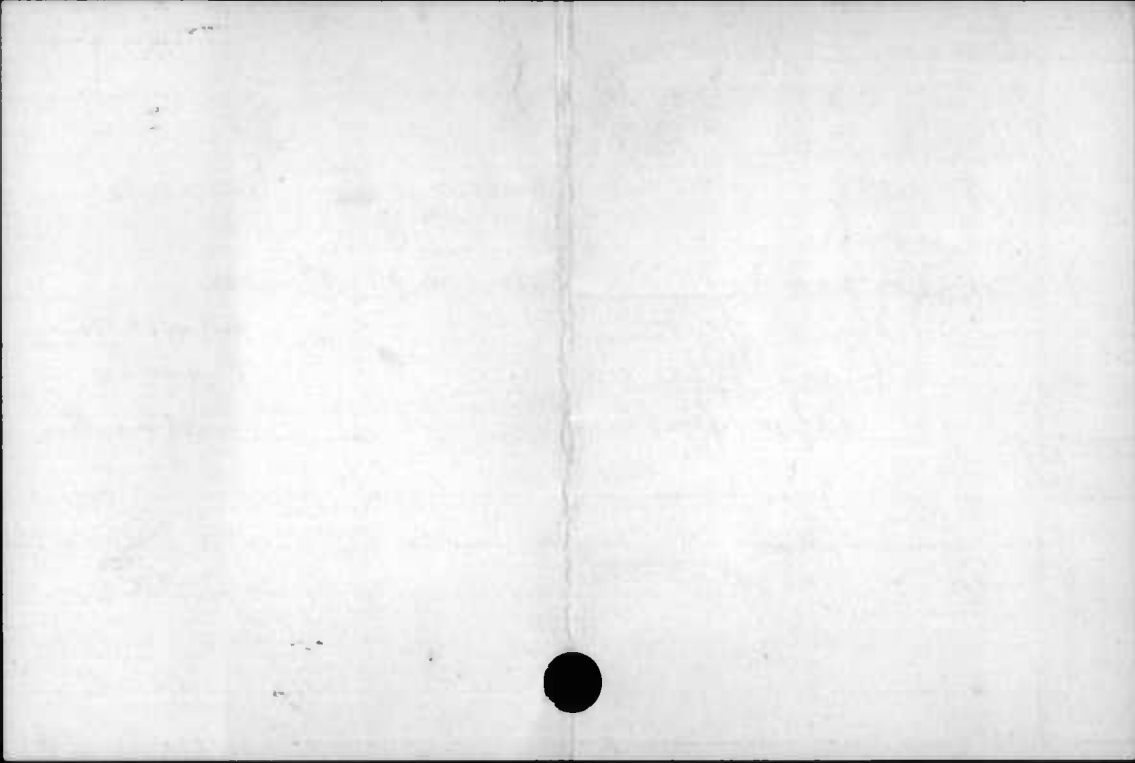
Town <i>Free Queen Anne</i>		County <i>Salhat</i>		MARYLAND	
Date of death	1908	Month 6	Day 27	Age 17	Months 2
Sex	Male		Color or Race	White	
Birth- place	Delaware				
Occupation	Laborer		Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Single			none		
Father's Name	Brook Hunter Whitley			Father's Birthplace	Ind.
Mother's Maiden Name	Maggie May Morris			Mother's Birthplace	Delaware
Name of person giving In formation	Brook Hunter Whitley			How related to deceased	Hoster

CAUSES OF DEATH

(4)

PHYSICIAN
OR CORONER

Primary	<i>Remittent Fever</i>	How long	<i>12 days</i>
Immediate	<i>Syncope</i>	How long	<i>5 minutes</i>
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<i>Bohley Hackett M.D.</i>	
Address		<i>Queen Anne Ind.</i>	
Accident or Suicide?		no	



Name
in
Full

Loria Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

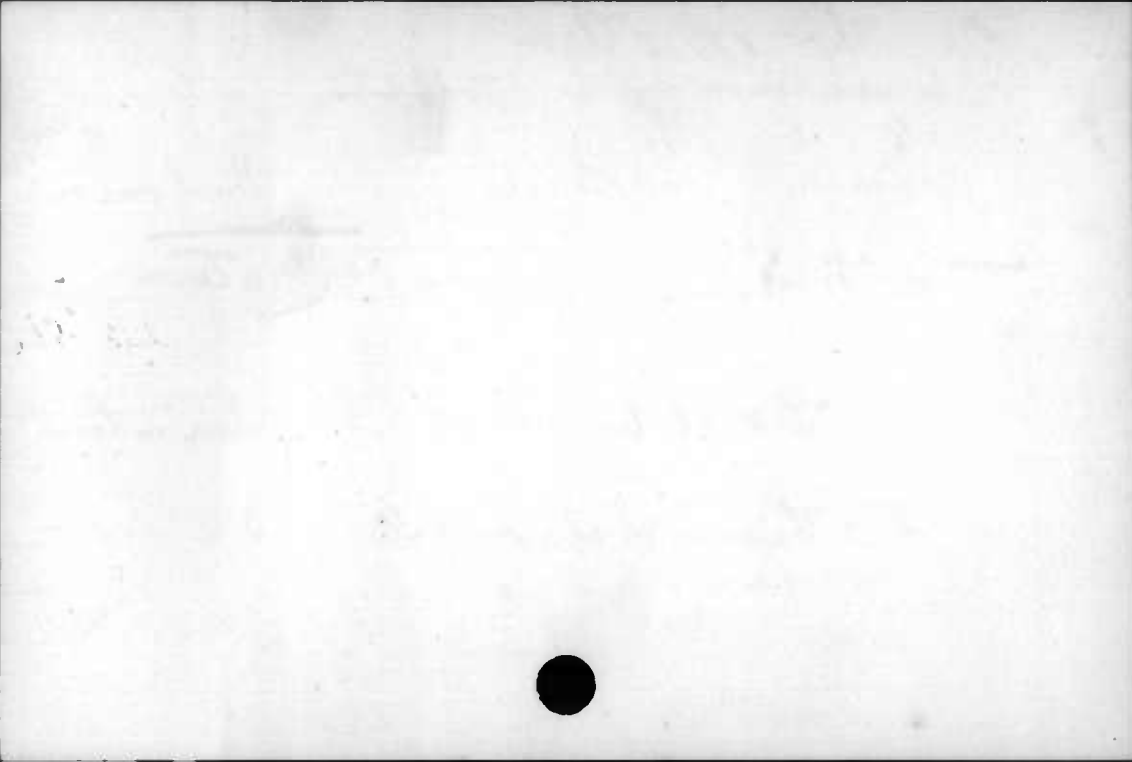
Died at		Town Easton		County Talbot		MARYLAND	
Date of death		Month Aug	Day 8	Age	Years 65	Months 4	Days 1
Sex	Female		Color or Race	Black		Birth-place	Easton
Occupation	book		Where Residing if not at place of death				
Married, Single or Widowed	Widow		Name of Wife or Husband I do not know				
Father's Name	John Wilson					Father's Birthplace	do not know
Mother's Maiden Name	Rose Paulson					Mother's Birthplace	Talbot
Name of person giving information	Sister Spous					How related to deceased	Sister

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Organic Heart trouble Mitral regurgitation		How long	Not known
Immediate	Not known Heart Failure		How long	few minutes
Are the name, age, sex, color, date and place correctly given above?		yes		
Signature of Physician		Chas. H. Sanders		
Address		Easton Md		
Accident or Suicide?				



Name
in
Full

Martha Wroten

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Queen Anne</i> <small>Town</small>		<i>Lalbat</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	Month <i>8</i>	Day <i>11</i>	Age <i>62</i>	Months <i>0</i>	Days <i>11</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Delaware</i>		
Occupation <i>Housewife & invalid</i>	Where Residing if not at place of death				
<input checked="" type="checkbox"/> Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>James Wroten</i>		Father's Birthplace <i>Unknown</i>		
Father's Name <i>Geo Passwaters</i>	Mother's Maiden Name <i>Martha Passwaters</i>		Mother's Birthplace <i>Unknown</i>		
Name of person giving information <i>George E. Bullock</i>			How related to deceased <i>Son in Law</i>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Phthisis Pulmonalis</i>	How long <i>one year</i>
Immediate <i>"</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Robley Hackett, M.D.</i>
	Address <i>Queen Anne</i>
Accident or Suicide? <i>No</i>	<i>M.D.</i>

